

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213556031			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Commonwealth Catholic Charities</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GREER P JACKSON JR SPINELLA OWINGS & SHAIA PC 8550 MAYLAND DRIVE</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 11/19/2013</p> <p>SCC ID NO: 00955278</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1512 WILLOW LAWN DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: RICHMOND, VA 23230-0565</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES K DILL TITLE: TREASURER ADDRESS: 114 NORTH HARVIE STREET CITY/ST/ZIP/CO: RICHMOND, VA 23220 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES K DILL TITLE: TREASURER ADDRESS: 114 NORTH HARVIE STREET CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: PATRICK HEINEN TITLE: PAST CHAIR ADDRESS: 3521 GROVE AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23221	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: KATHLEEN MARY MCCAULEY TITLE: CHAIRMAN ADDRESS: 2305 FLOYD AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	KATHY SANTINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	REGIONAL ADVISO		
ADDRESS:	BON SECOURS HEALTH SYSTEM		
CITY/ST/ZIP/CO:	8580 MAGELLAN PARKWAY RICHMOND, VA 23227		
NAME:	PAULA ALLOCCA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1141 HOLLY BROOK LANE		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		
NAME:	JOSEPH BOISINEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1509 SANDGATE ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	GERALD D BRITTLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5606 BOYNTON PLACE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		
NAME:	RICHARD DASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14107 WORCHESTER COURT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	RICHARD DERRICO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10565 IVY RIDGE ROAD		
CITY/ST/ZIP/CO:	BENT MOUNTAIN, VA 24059		
NAME:	RANDALL J GATZKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 FIRST STREET		
CITY/ST/ZIP/CO:	ROANOKE, VA 24011		
NAME:	RICHARD B JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1236 SHIRLTON ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23114-4540		
NAME:	MICHAEL KOZAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3016 SABLE ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23233		
NAME:	TULINH LE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15518 FOX HAVEN LANE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		
NAME:	MICHAEL METZGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5713 HARBOUR RIDGE ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN MILES DIRECTOR 9019 TWEED ROAD RICHMOND, VA 23228	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA SANCHEZ DEL SOLAR DIRECTOR 3014 MONTFORT LOOP HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN SCAFIDI DIRECTOR 2307 LASTINGHAM DRIVE MIDLOTHIAN, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TULSA SHARMA DIRECTOR 9001 PATTERSON AVENUE #13 RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SINCLAIR DIRECTOR 4227 KINGCREST PARKWAY RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE A. TUTAJ DIRECTOR 1758 STONE MILL DRIVE SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHLEEN MARY MCCAULEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN MARY MCCAULEY, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	11/19/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			